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ASSESSMENT OF CAPACITY STRENGTHENING IN THE C-CHANGE PROJECT

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ACRONYM LIST

ABMP	African Broadcast Media Partnership Against HIV/AIDS (South Africa)
CAT	Capacity Assessment Tool
CBO	Community-based organization
C-Change	Communication for Change Project
CDC	Centers for Disease Control
CoE	Center of Excellence
COP	Chief of party
CS	Capacity strengthening
DFID	Department for International Development (U.K.)
DHS	Demographic and Health Survey
FGM	Female genital mutilation
FP/RH	Family planning and reproductive health
GH Tech	Global Health Technical Assistance Project
IEC	Information, education, and communication
IPC	Interpersonal communication
KYD	Kayec Youth Development Program) (Namibia)
LOE	Level of effort
M&E	Monitoring and evaluation
MCC	Male Circumcision Consortium (Kenya)
MPH	Master of Public Health
NASCOP	National AIDS and STI Control Program (Kenya)
NCAPD	National Coordinating Agency for Population and Development (Kenya)
NGO	Non-governmental organization
PMI	Presidential Malaria Initiative
PMP	Performance monitoring plan
PSA	Public service announcement
RACOC	Regional AIDS Coordinating Committee (Namibia)
SAT	Southern African AIDS Trust
SBCC	Social and behavior change communication
SFH	Society for Family Health
TA	Technical assistance
USAID	United States Agency for International Development

USG

U.S. Government

VIPP

Visualization in Participatory Programs

EXECUTIVE SUMMARY

The Communication for Change (C-Change) Project, a social and behavior change communication (SBCC) initiative, provides state-of-the-art support to USAID Missions and their partners in designing, planning, implementing, and evaluating communication activities. This assessment, which focuses only on C-Change's capacity-strengthening activities, has the following objective:

- To evaluate C-Change's progress toward improving capacity in strategic planning, program design, implementation, and monitoring and evaluation of communication programs
- The methodologies used to gather information for the assessment included:
- Review of C-Change's self assessment and discussions with USAID and Project staff
- Field visits to three countries: South Africa, Namibia, and Kenya
- Review of C-Change's instructional materials and reports

The Global Health Technical Assistance Project (GH Tech) assessment of C-Change concluded that the project, after four years of implementation, has advanced the capacity of a number of developing countries to implement SBCC. C-Change SBCC capacity-strengthening products and services are working well with partners and are beginning to show impact. SBCC represents a real advance in the state of the art for health communication in developing country contexts. It meets an important need in USAID (and other) health projects in various health areas.

Overall, the SBCC capacity-strengthening strategy is the best way to create permanent, sustainable institutionalization and use of the SBCC approach. The tools, products, and services that have been developed by the C-Change Project over the last four years represent a considerable investment in resources and are now available for wide dissemination and utilization. This is an opportunity that should not be missed to strengthen and expand a powerful tool for USAID's health sector programs.

I. INTRODUCTION

BACKGROUND

The C-Change Project is a social and behavior change communication (SBCC) initiative entering its fifth and final year that spans health, democracy and governance, economic growth, and the environment. Project partners are FHI360, Ohio University, CARE, Internews, University of Washington, and IDEO. C-Change activities provide state-of-the-art support to USAID Missions and their partners in designing, planning, implementing, and evaluating communication activities and ensuring that communication innovations, best practices and lessons learned are developed and disseminated. Project activities are supported by a combination of core funding and field support: 42% of obligated funds are core, 49% are field support, and 9% originate in other mechanisms.

The project has the following objectives:

- Evidence-based scaled-up health and development communication programs implemented and best practices for behavior change applied
- Health and development communication skills and knowledge transferred to developing country institutions
- Health and development communication integrated within the wider public health and development agendas
- Effective social and behavior change communication knowledge generated and shared to address emerging health and development issues

This assessment focuses only on the capacity-strengthening activities of C-Change. The purpose of the assessment is two-fold:

- To evaluate C-Change's progress toward improving capacity in strategic planning, program design, implementation, and monitoring and evaluation of communication programs
- To review the interest and commitment of USAID/Global Health (GH) Missions for SBCC capacity strengthening in the follow-on SBCC project

METHODOLOGY

Several methodologies were used to gather information for this assessment. First, USAID staff developed a capacity strengthening self-assessment questionnaire, which was completed by C-Change. The consultants met with USAID and C-Change staff listed in Annex B to better understand the purpose, strategy, and current status of the project. Field work consisted of three country visits: South Africa, Namibia, and Kenya. Each of these countries was chosen because of the unique capacity-strengthening activities conducted there. South Africa has the project's principal academic training program, located at the University of Witwatersrand, and is also the home of the Southern African AIDS Trust (SAT) and the African Broadcast Media Partnership (ABMP) Against HIV/AIDS network's regional office. Namibia and Kenya are countries where C-Change has focused on capacity strengthening through training and technical assistance using the project's SBCC approach. While important locations, the three countries visited do not represent all C-Change activities and experiences; as a result, the descriptions and observations found in this assessment are not exhaustive.

To the extent possible, the assessment also reviewed the various instructional products and methodologies developed by C-Change. The centerpiece of the C-Change toolkit is the C-

Module. The modules follow a social ecological model that emphasizes three pathways for change: advocacy, social mobilization, and individual behavior change. These modules articulate the approach for all the capacity-strengthening activities and are the foundation of the curriculum for training workshops. Another tool, the SBCC Capacity Assessment Tool (CAT), is used by organizations, networks, and donors as a self-assessment of their SBCC Capacity.

II. FINDINGS

This section examines C-Change's major approaches to capacity strengthening, with examples provided.

ACADEMIC TRAINING OF SBCC PROFESSIONALS

The first approach to capacity strengthening examined by the assessment team was an academic graduate training program for SBCC professionals. While this kind of capacity strengthening has the advantage of creating a cadre of credentialed professionals in a region, it often is slow to pay dividends if the academic program is a conventional one that graduates young professionals, as they may take several years to establish themselves in organizations before they can influence practice. The Center of Excellence in Social and Behavior Change, started in 2009 and located within the School of Public Health at the University of Witwatersrand, is the example of capacity building through an academic graduate program that was examined as part of this assessment.

The academic calendar in this School of Public Health is unique. Students take one-week intensive courses, followed by a significant take-home exam; they then go back to the work place and travel again in about six weeks to take another one-week course. This scheduling allows full-time employees to complete the degree program and allows for students outside South Africa to enroll. Employers sign a contract to release employees for six courses in the first two years of the program.

An important advantage of this kind of program is that it builds capacity in current employees, theoretically reducing the amount of time it takes for a degree program to impact the practice community. Another unique characteristic of the school – and one that makes it very compatible with SBCC – is its ideology, i.e., its focus on the social determinants of health. One concern about embedding SBCC programs in schools of public health is that they may be too biomedically oriented. The ideal institutions for SBCC programs are those that are focused on social determinants of health, human rights, and development. There are advantages to embedding SBCC academic programs in public health schools, including promoting a mastery of fundamental public health skills along with a focus on application (which often is less common in communication schools).

Another asset of this academic program is its close working relationship with Soul City, a preeminent African SBCC implementer. Soul City was instrumental in starting the program, funding it, and contributing to the teaching. Other academic programs would benefit greatly from these kinds of relationships with practitioner organizations. At the same time, several students who were interviewed expressed a desire to be exposed to a broader range of implementers.

The program in SBCC is the only unit in the school that focuses on behavior change or health promotion. C-Change is one of several funders of the Center of Excellence along with DFID, CDC, and Soul City. C-Change supports one lecturer and a half-time administrator for about \$150,000 annually, which amounts to only one-fifth of the yearly budget. There are only two full-time faculty in the program. Soul City staff does some of the teaching.

All Center of Excellence students take the following five one-week courses in social and behavior change communication:

1. Social and Behavior Change Communication Approaches
2. Media and Communication Theory in Health and Development

3. Planning and Implementing Social and Behavior Change Communication
4. Research, Monitoring, and Assessment for Social and Behavior Change Communication
5. Applying Social and Behavior Change Theory to Practice

The topic list, schedule, and readings for the courses seem quite appropriate but do not exactly conform to the C-modules as they were developed concurrently with the modules. They are consistent, however, with the philosophy of the SBCC approach of the C-Modules. The amount of time allotted to each topic seems inadequate for many of the topics. Students could be expected to have difficulty applying this content without additional support. Given that only one class of 13 students has completed the course work, it is still difficult to assess the impact of the program. A cohort of 10 will probably be admitted each year, limiting this program's capacity-building impact to these students. The School of Public Health requires that all of its Master's of Public Health (MPH) students complete an extensive research project to finish the degree. One concern is that many of these working professionals may not complete this part of the degree program and never actually graduate (the current completion rate for the entire School of Public Health is only 45%). The faculty recognizes that this research-intensive project may not be the most appropriate capstone activity for the SBCC program.

The center of excellence uses many reproductive health and family planning case studies in its courses. Several examples are the following:

- In the theory course, a teenage pregnancy case study for the theory of gender and health was examined.
- A maternal health (breastfeeding) case study was also used in the theory course.
- A teenage pregnancy case study, which includes accessing contraceptive services, was used extensively in the Planning and Implementing SBCC course. The students used the case study material to develop a communication strategy to address teenage pregnancy.
- Stepping Stones, also used as a case study, addresses intimate partner violence as well as a range of reproductive health issues among young people.

These are just a sample of the case studies in family planning and reproductive health (FP/RH) used in the courses.

In addition, students are required to do readings related to the case studies and other issues for each of the courses. For example, in Applying Social and Behavior Change Theory to Practice, there are a number of general readings on different theories and the purpose of theory. In addition, there are specific readings that touch on the different sectors demonstrating the use of theory. Specifically, in this course, there are readings on FP/RH discussing Pap smear screening for cervical cancer in Botswana and sexual activity among adolescents. All courses have a mix of readings pulled from several sectors. One source of tension for the Center is balancing the needs of the MPH students with those who take the week-long courses on an ad hoc basis, many of whom are Ministry of Health employees. Currently these two groups take the courses together.

The school had over 80 applicants for the initial 13 spaces. An important selection criterion was the applicant's current position and the potential to advance the SBCC field. A focus group of current students revealed that several are unlikely to continue in SBCC careers. A few who had been writers were having some difficulty repositioning themselves as SBCC professionals. At least one student from Ethiopia was committed to starting a similar SBCC program in a university there.

Generally the students interviewed were positive about their experience and felt the degree would serve them well. One criticism shared by most of the students interviewed was their

dissatisfaction with combining the short courses and the MPH courses. The MPH students believed that the short-course participants were less committed to the courses and less willing to spend time working on the projects. While the university has responded to this criticism by separating the two kinds of students for group work, more attention needs to be given to addressing this problem. The participants have different goals and combining the two makes it unlikely that the courses can be targeted effectively to either group. Ideally these groups would be separated, with courses better tailored to each group's needs.¹

A web-based community of practice has been created, but is struggling. It may be that it is simply too soon to expect a community of practice to flourish. The students were still quite connected and may not yet feel the need for this form of interaction. The students interviewed did not report an awareness of other C-Change resources or appear to be linked to other virtual communities of practice.

A university degree-granting program such as this makes a significant contribution to building SBCC capacity. Writing in the *Bulletin of the World Health Organization*, Lansang and Dennis identify these centers of excellence as having the greatest likelihood of sustainability and ensuring consistent quality in capacity building. They acknowledge that they can be difficult to set up in developing countries and require substantial international funding over the long term.² This program has excellent sustainability, given it is the only behaviorally oriented program in the School of Public Health and includes one permanent tenure track faculty member. There is potential for some level of scalability as other universities in the region are exploring similar programs.

Academic programs such as this one may provide the leadership to create a wider community of practice in the region, which might include conferences, journals, and original research in SBCC.

C-Change has yet to scratch the surface in terms of meeting the potential demand for its Center of Excellence (CoE) academic program. The large number of applicants for the first class is one indication of the potential demand. In Namibia, a number of partners interviewed suggested creating a permanent cadre of Namibian SBCC experts and leaders by financing scholarships to the University of Witwatersrand program. Other countries should follow this approach. To date, though, the CoE has apparently not tried to increase demand for its program either through marketing or by expanding capacity. One C-Change professional staff member in another country recounted his futile effort to get into the program by registering online and, subsequently, by visiting the campus in Johannesburg, where he could not find anyone to talk to.

REGIONAL NETWORKS OF NON-GOVERNMENTAL AIDS ORGANIZATIONS

Another approach to capacity building is to work with regional networks to embed SBCC into their programs and to train a group of master trainers who can serve as resources in their own organizations and regions. C-Change uses this model in its work with the Southern African AIDS Trust. SAT is a regional funding and capacity-development organization for roughly 135 community-based organizations (CBOs), national advocacy organizations, and networking agencies across six countries in southern Africa. The regional office in Johannesburg provides coordination and mobilization services to five to six country offices around the region. Country offices provide coordination, capacity development, and funding to 15 to 25 partners, which are local non-governmental organizations (NGOs) and advocacy and support groups. SAT typically

¹ Even some of the MPH students who planned to become SBCC practitioners indicated that the program was sometimes overly theoretical and did not include enough application.

² Lansang, M.A. & R. Dennis (2004). Building capacity in health research in the developing world. *Bulletin of the World Health Organization*, 83(10), 1-8.

funds partners for five to eight years, with a 70-30 split favoring capacity building (mostly organizational capacity) over implementation in the early years, followed by a greater focus on implementation in the later years. C-Change selected this network because of the members' focus on working in communities and because SAT was building organizational capacity for these groups over time. C-Change is collaborating with SAT's South-to-South skills-training and lesson-sharing network of over 130 local NGOs to strengthen SBCC capacity in Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe. The training is intensive, highly participatory, and includes ongoing mentoring to ensure that skills are applied effectively. According to the C-Change Self Assessment, the project has completed three of five planned trainings on SBCC for 21 members in five countries. The project spent \$386,000 on this component in years 2 to 4.

Since beginning work with the Southern African AIDS Trust in July 2009, C-Change has accomplished the following activities:

- Conducted SBCC Baseline Capacity Assessment with 21 organizations in six countries (Malawi, Mozambique, Tanzania, Zambia, Zimbabwe, SAT Regional). These include 6 assessments of SAT country offices and SAT regional and 15 assessments of SAT country partners (3 in each country).
- Conducted SBCC Midline Capacity Assessments with eight organizations in two countries (Malawi and Zambia). Reports are being finalized, but preliminary analysis shows that there has been an increase in the reported competencies among Malawian and Zambian partners. These activities included two assessments of SAT country offices and six assessments of SAT country partners (three in each country).
- Developed a capacity-strengthening (CS) framework detailing C-Change's and SAT's approach to SBCC CS.
- Conducted four trainings with SAT SBCC partners. These include a 5-day Visualization in Participatory Programs (VIPP) Training; a 10-day training on C-Modules 0-4; a 5-day training on C-Module 5 (monitoring and evaluation [M&E]); and a 5-day training on C-Module 5 (supplemental reinforcement of data analysis and replanning).
- Provided review and technical assistance on assignments for participants submitting creative briefs, communication strategies, and M&E plans from trainings.

Currently, C-Change is finalizing a refresher and training-of-trainers program for SAT SBCC partners. Two participants were interviewed from these trainings who were scheduled to become master trainers, though the training process was not completed. It is unlikely that the two would be qualified to deliver adequate SBCC training to others. Although they were able to describe the steps in the C-Change process, a depth of understanding of the SBCC process was missing. The two participants were enthusiastic about the quality of the training, particularly the VIPP (facilitation skills) workshop. It is likely that the training would impact their own practice and that they could offer some guidance to their peers, but their future as effective SBCC trainers did not appear promising.

For the cascading model to be successful in building capacity, it is essential that those trained be linked to others in their countries carrying out SBCC so they can continue to develop their skills and have the support necessary to provide capacity building to others in their networks. Soul City has established a network of seven organizations that do SBCC work in their countries. Even though these organizations have primarily focused on mass media and the implementation of Soul City campaigns, they represent a group of individuals with communication experience who might provide this kind of support.

NETWORKS OF MEDIA ORGANIZATIONS

The media are important partners to engage in capacity-strengthening efforts. The goal for this work is not to train media members to become SBCC professionals; rather, the goal is to train them to take a more social determinants perspective in their reporting and to influence their agendas so that they cover development topics more appropriately and more frequently. C-Change has initiated work with the African Broadcast Partnership Against HIV/AIDS, a pan-African coalition of 66 broadcast companies across 38 countries working to increase and reinvigorate the role of broadcast media in combating HIV/AIDS. Members commit their own resources in support of the effort and contribute a minimum of 5% daily airtime for ABMP-related programming. Major funding for the network comes from the Henry J. Kaiser Family Foundation, with additional funding from David and Lucille Packard Foundation and USAID. The partnership was organized in 2006 and is in the ninth year of its public service announcement (PSA) campaign, YOU, which has a strong focus on affirmation, hope, and African pride. In addition to radio and TV PSA campaigns, ABMP also produced Imagine Africa, a pan-African youth reality show, and a short-format radio serial, Can True Love Stand the Test of Time, targeted to young adults 18 to 25. (Neither of these is currently on air due to lack of funding).

C-Change has participated in the last two annual workshops of this group and presented information on the SBCC process. In addition, it has assisted with monthly emails on the prevention of mother-to-child transmission and more detailed quarterly guides to help the broadcasters develop additional local programming around the PSA campaign. These emails and guides embed social and individual behavior change strategies, reinforce key messages of the campaign, and, in some cases, provide concrete and reasonably detailed guides for program development. In the future, C-Change will increase its funding for this organization and be more involved in the public service campaign.

Media professionals need different capacities strengthened than those required by SBCC professionals. C-Change should identify these capacities and determine the most appropriate capacity-strengthening approaches to use. The Berkeley Media Studies Group has models available for journalist training with the goal of covering such health issues as alcohol abuse and violence as public health problems and incorporating a social determinants perspective.

In Kenya, USAID has a bilateral project with Internews supporting training of journalists. C-Change added a successful small component for training for news journalists on reporting on reproductive health issues. Seven young journalists working in different national news media outlets were competitively selected. They were first given special training in reproductive health topics, issues, and controversies. Several were also given stipends to travel around the country, carry out research, and report on important reproductive issues. A number of radio, television, and newspaper reports resulted. One, dealing with the heightened childbirth risks associated with female circumcision, may have contributed to passage by Parliament of a bill outlawing female genital mutilation (FGM), according to the journalist involved and the Director of Internews/Kenya. This approach, while not exactly behavior change communication, seems to be a highly cost-effective contribution to enhancing the enabling environment for changing health behaviors on a large scale.

TOOLS FOR CAPACITY STRENGTHENING

The centerpiece of the C-Change toolkit is the C-Module. Although there are many planning models and companion training materials available, these modules make a unique contribution because they follow a social ecological model which emphasizes three pathways for change: advocacy, social mobilization, and individual behavior change. The modules are organized around the five steps of the C-Change process: understanding the situation; focusing and designing;

creating; implementing and monitoring; and evaluating and replanning. These steps seem most relevant to the individual behavior change pathway rather than to the advocacy or social mobilization pathways.

One way the modules could be strengthened is to add more process information and skills specifically adapted to advocacy and social mobilization. For example, the formative research process can be quite different for policy advocacy compared to the process used for individual behavior change. While the modules do describe the creative process, they seem to assume that SBCC professionals will produce their own creative materials rather than contract out this work. It would be useful to include a section on selecting private sector firms and managing their work to ensure the materials stay on strategy. In general, the modules are excellent and have been well received by those who have been exposed to them. USAID should improve branding of the modules to clearly identify them with USAID and ensure their continued use beyond the current contract.

Interviewees from multiple public and private sector partners in Kenya and Namibia reported that the SBCC Capacity Assessment Tool has been another useful tool. This tool asks organizations, networks, and donors to complete a self-assessment of their SBCC capacity. While this assessment can be used as a baseline measure against which to measure outcomes, it is also an instrument that allows C-Change to gather data to tailor capacity-strengthening activities to meet the specific needs of individual organizations. It would be useful to make the individual version of SBCC's CAT available for use in training events that focus on building individual skills.

Since face-to-face training is so resource-intensive, e-learning is always an attractive option to consider. C-Change has invested in several on-line resources. The C-Modules are available on the web site, *C-Capacity*, as both facilitated and self-paced options. An e-learning course for USAID staff is about to be launched. While the course appears to be an excellent condensation of the C-Modules into an attractively formatted package, it seems designed for aspiring SBCC professionals, not for managers responsible for large projects who must make choices on where to invest in change strategies. This course – and perhaps other opportunities to embed SBCC content into the management courses – should be used to advocate for the SBCC approach and make the case that SBCC efforts will yield a good return on investment. In addition, C-Change's on-line resources include a large number of products: *C-Capacity*, *C-Hub*, *C-Picks*, and *C-Channel*. These products have been downloaded almost 27,000 times as of June 30, 2011.

C-Hub is an online repository of health and development communication materials. *C-Hub's* goal is to provide a free and open on-line system where users can view, access, and share examples of communication materials. As of June 30, 2011, *C-Hub* has added 1,514 new materials to the repository and has had 1,325 downloads.

C-Picks is a bimonthly e-magazine disseminated by Communication Initiative in collaboration with C-Change that highlights SBCC case studies, reports, analyses, and resources in the health sector. *C-Picks* has more than 8,700 subscribers from the developing world.

C-Channel is a monthly e-newsletter with a selection of recent, peer-reviewed journal articles on specific topics in SBCC. It makes full journal articles available free of charge to readers in the developing world, based on long-standing agreements with their publishers. This resource has 2,005 subscribers from developing countries and almost 1,100 downloads of articles as of June 30, 2011.

Little awareness or use of these resources was seen in the countries visited for the assessment. Given the challenges of marketing so many different products, it may be more appropriate to

consolidate them and market only one brand. Placing links to these resources on the Communication Initiative is an excellent marketing strategy, as that web site has extensive reach.

HEALTH PARTNER CAPACITY STRENGTHENING

C-Change works directly with national and local organizations in 12 countries to strengthen their capacity to undertake SBCC. Two of the countries were visited for this assessment to review C-Change SBCC capacity-strengthening activities. C-Change has reached a significant number of health partners in these countries, including national government ministries of health, regional government health managers, civil society NGOs, multi-agency groupings (technical advisory committees and working groups), and umbrella organizations like PACT that support multiple NGOs. While many of the partners work on HIV/AIDS behaviors, others are involved in maternal/child health, family planning, reproductive health, nutrition, malaria control, and other interventions.

C-Change country offices carrying out capacity strengthening with local organizations have well-qualified, well-trained, personable, highly motivated in-house SBCC specialists to run these labor-intensive activities. Partners are usually organizations that are already implementing USAID health activities. Participants are mostly mid-level project implementers without specialized knowledge of health communication. The following capacity-strengthening approach is used, with the appropriate variations and adaptations:

- SBCC capacity assessment. C-Change uses its CAT to identify an organization's strengths and deficiencies. The CAT is not an external assessment, but is performed using the organization's own staff. Experience has shown that the CAT is rigorous enough to detect specific capacity areas that need strengthening, yet not overly complex or cumbersome. Respondents also reported that the C-Change capacity assessment process and tools are themselves new capacities that have been adopted, institutionalized, and used in their organizations.
- Training workshops. C-Change has developed a detailed SBCC training curriculum that is the basis for its C-Modules and other training. Workshops follow the C-Module sequence and incorporate FP/RH content to different degrees. Sometimes the C-Modules are followed closely in workshops lasting about five days, occasionally with additional days to cover M&E; other workshops modify the C-Change content. In all cases, workshops are based on C-Change's principles and the development of capacity in partners to use C-Change's systematic, evidence-based, social-ecological, grounded-in-theory approach. Workshops are customized for participants' programs, clients, and needs. A positive feature that is praised by all participants interviewed is that the C-Change training actually serves as guided planning for their own projects' SBCC components, rather than just a pre-packaged scheme. Participants produce SBCC strategies for their projects in a highly participatory way, resulting in full mastery and ownership.
- Technical assistance and mentoring. The C-Change teams provide technical assistance to partners as they implement the activities planned in the workshops. This may involve additional workshops for other (frequently local level) collaborators, help setting up monitoring and evaluation, additional help strengthening needed capacities, or technical assistance with the implementation of SBCC activities.

The C-Change methodology for SBCC capacity strengthening in national and local health organizations is highly regarded by participating partners and by USAID Missions. One partner in Namibia rated her workshop "double A plus" for its utility and practical approach. Participants appreciate the flexible format and ability to focus on their own projects. C-Change facilitation and materials are of good quality. The fact that C-Change pays for everything (including

participant travel and expenses) was, of course, mentioned appreciatively. But the most important positive outcome is that almost all participants report that they acquired the SBCC approach. Most reported that following the workshop they began using new SBCC approaches in their work. Many cited specific examples of changes they had made in their organization's work.

Interviewees identified a number of SBCC capacities that were strengthened in their organizations. Improved capacities (mentioned by two or more respondents interviewed for the assessment) included the following:

1. Performing SBCC capacity assessments
2. Using evidence such as Demographic and Health Survey (DHS) data for SBCC planning and messages
3. Developing effective SBCC strategies
4. Designing specific SBCC interventions
5. Advocating and using the SBCC principles of social-ecological, evidence-based, grounded-in-theory health communication
6. Using monitoring and evaluation methodologies
7. Adapting and using SBCC materials
8. Making effective use of interpersonal communication
9. Strategically implementing SBCC (phased, sequenced, multimedia, consistent messages tailored to specific audience segments)
10. Using SBCC quality standards
11. Adapting to or enhancing the enabling environment
12. Organizing joint coordinated multipartner SBCC services

An expatriate advisor who provides organizational development services and subgrants to a number of local NGOs in Namibia commented that partner NGO attempts to conduct health communication were “comical and uncoordinated” before C-Change capacity strengthening. Following the C-Change capacity-strengthening process, which was performed jointly with the NGOs as a group effort, this individual reported that the NGOs' health communication interventions had “improved dramatically.”

CROSS-CUTTING FACTORS

The assessment identified a number of factors that affect the success of SBCC capacity strengthening. Some were positive facilitators; others were obstacles. Some were under the control of USAID or C-Change implementers, others were not. All have implications for possible future SBCC programming by USAID.

Country Teams

The assessment team only visited three countries, two with permanent in-country C-Change staff and one without. The importance of the C-Change country teams and offices in moving the capacity-strengthening agenda forward was striking in Namibia and Kenya. When outside advisors come and go, learning best practices and developing working relations, trust, and momentum are difficult to achieve. The development of good working relationships and trust takes on particular importance when the objective is capacity strengthening. An additional factor is that the visibility and competence of the C-Change staff confer status and credibility on the SBCC methodology itself in the eyes of partners. A good country team not only provides technical inputs, it also serves as an in-country marketing hub for the C-Change approach and

materials. The C-Change country team can become the “go to” place for people and organizations seeking SBCC information or support. In contrast to an unstaffed activity, a country team can exercise leadership and innovation. A permanent team has the local experience, insights, and contacts in the country environment that can greatly facilitate SBCC capacity strengthening. A country team can provide strong support for advocacy and leadership for coordinated multipartner activities. Particularly in developing countries, where the culture puts a premium on personal relationships, having strong on-site leadership makes activities more convincing for local participants and partners.

In South Africa, without a C-Change country team or representative, activities sometimes drift, lose focus, and lack internal coordination. The lack of C-Change leadership left partners to work alone, trying to implement their scopes of work as they understood them. Partners worked on the basis of their own institutional systems and values. Other priorities distract partners’ attention from C-Change, given its absentee management.

In contrast, the C-Change country teams in Namibia and Kenya were impressive. C-Change had done a good job of identifying, recruiting, and supporting chiefs-of-party (COPs) who are technically skilled, good managers, and well-credentialed. Both teams had built a reputation for state-of-the-art SBCC technical expertise and leadership. The teams are small, with three to five local professional experts, one to two administrative employees, and a senior COP. The chief of party has important responsibilities besides providing technical leadership, including developing linkages with the local USAID Mission, the C-Change central staff in Washington, and executive decision-makers in local public and private sector partner organizations.

In situations where a country team is not justified, C-Change might benefit from designation of a lead partner with as much accountability and authority as makes sense.

Enabling Environment

Defined broadly, *enabling environment* can include many factors. One is the nature of a country’s health sector – its health conditions and problems, the organization and finance of health services, and its health policies and priorities. Another factor is the existing capacities and deficiencies of potential partners. Another is the communication and media environment. Finally, USAID’s country health strategy, funding, and technical orientation (see Section III of this report) can greatly affect C-Change at the country level.

In meetings with partners, frequent mention was made of the need for SBCC advocacy. When C-Change documents speak of *advocacy*, they are usually referring to advocacy of specific health decisions by authorities. Assessment interviews revealed that partners also want C-Change to help advocate the SBCC approach itself. Most of the participants in C-Change capacity-strengthening activities are implementation-level people without decision-making authority. They feel hamstrung by the lack of awareness and interest in behavior change approaches at executive decision-making levels in their ministries. Without executive-level understanding and appreciation of SBCC, budget and staff resources are not made available to take SBCC interventions to scale. Ministry of Health staff interviewed in both Namibia and Kenya hoped that C-Change could somehow help them influence their own top management, something they cannot do on their own. Similarly, NGO staff asked for help raising awareness and appreciation of SBCC by offering its SBCC workshop to NGO leadership.

Time Horizon

Many interviewees felt that capacity strengthening takes more time than C-Change has been able to offer. Virtually all partners who were interviewed for this assessment stated that they had made a strong start building their SBCC capacity, but that additional time and C-Change support were needed. Most felt that a one-shot infusion of capacity strengthening inputs – a

capacity assessment, a workshop, and technical support – was too compressed to produce the amount of permanent capacity improvement needed for their organizations to become really effective SBCC users.

Another issue is long-term vs. short-term results. Health projects are sometimes driven by the need for quick results. When lives are being lost to health threats, fast response is essential. Also, the political and management leadership of health programs often wants visible, prompt, easy-to-understand results. As a result, USAID may choose quicker, more direct alternatives to SBCC capacity strengthening. Directly supporting production of social marketing or information, education, and communication (IEC) messages and campaigns is the quick, visible way to get results. The SBCC approach, with its gathering of evidence and interpersonal communication, takes longer. In some cases, USAID Mission health offices are willing to be patient and accept a slower SBCC capacity-strengthening program in exchange for greater social and behavior change in the long run to achieve permanent change and sustainability. A practical approach in some cases is for C-Change to try to implement both approaches in parallel.

Sustainability

C-Change's SBCC capacity strengthening is sustainable in the sense that some of the capacities provided to individuals and organizations will remain with them and continue to be utilized beyond the C-Change project. This is a significant accomplishment. Furthermore, some activities with established institutions such as the University of Witwatersrand, ABMP, SAT, and Soul City may be sustained by those institutions. At the same time, efforts to continue strengthening SBCC capacities are donor-dependent. In the countries visited for this assessment, there is considerable demand for continuing and, ideally, expanding SBCC capacity building. However, long-term or expanded USAID support is uncertain. Therefore, a strategy for establishing permanent local C-Change-like capabilities and exploring alternative funding strategies in some countries seems like a good idea.

Return on Investment

The current C-Change project has invested a large portion of available time and money in creating and validating its capacity-strengthening tools and materials. These high-quality products, along with the methodologies and concepts that accompany them, are a significant new resource with major potential for expanded utilization. However C-Change's time and money limitations have precluded use of these products commensurate with the up-front investment that USAID has made in them. In one way or another, it will be important to try to expand use of the C-Change resources in the future to ensure a good return on USAID's investment in them.

Scale

The various capacity-strengthening resources developed by C-Change are being used in a number of countries as the project draws to a close. However, in the countries visited for this assessment, many interviewees recommended that the scale of SBCC capacity strengthening be expanded in three directions: (1) up – to policymakers; (2) down – to regional and local partners; and (3) out – to more national partners, both public and private. The various C-Change products and services are attractive, professional, and field-validated, which should make them marketable to other donors, regional organizations, and countries.

Communities of Practice

One effective technique used by C-Change in some countries is working with groups of partner organizations instead of working with individual organizations. In some cases, C-Change simply creates convenient groupings of partner organizations to participate together in capacity-

strengthening workshops. In other cases, C-Change has worked with groupings created by umbrella NGO projects, NGO consortia, and intermediaries like PACT. In still other cases, C-Change worked with government-created ad hoc groupings like technical advisory committees and technical working groups.

Many of these groupings involved both government ministries of health and private NGO units and individuals together. Working with such groupings of organizations creates small but important new communities of practice. The joint workshops almost always result in a shared strategy designed for coordinated, multipartner implementation. NGOs and government units often work alone and separately, sometimes consciously competing, sometimes inadvertently interfering with each other, and sometimes wasting resources by duplicating efforts or confusing audiences with contradictory messages. Coordinated multipartner SBCC eliminates these inefficiencies and adds value. Joint SBCC strategies lead to better quality interventions. Different organizations' resources and approaches can be mobilized in efficient, complementary ways to reinforce each other. One enthusiastic interviewee said that the practice of working with multiple partner groups and thereby creating a new local SBCC community of practice is "structural capacity strengthening" because it creates a new institutional framework for SBCC.

There is an opportunity to create another community of practice among C-Change staff working in different countries. C-Change provides an opportunity for its own people to network, share experiences, and share materials through its on-line magazine and knowledge dissemination web sites. However it did not appear that country teams were networking much among themselves or were much aware of each other's activities. Use of the different C-Change on-line services by C-Change country staff did not appear to be high. Given the similar activities going on in different countries, it would be useful to strengthen the working relationships among C-Change's highly skilled country teams, creating another community of practice to facilitate cross-fertilization and information sharing.

III. CONCLUSIONS

C-Change had to deal with early institutional problems and funding limitations. In the balance, however, it has made a solid finish with good capacity-strengthening results in a number of countries. After four years of implementation, the C-Change project has advanced developing countries' capacity to implement SBCC, an approach involving a social-ecological, evidence- and theory-based strategic methodology combined with strong interpersonal communication and M&E components. C-Change SBCC capacity-strengthening products and services are working well with partners and are beginning to show impact. SBCC represents a real advance in the state of the art for health communications in developing country contexts. It meets an important need in USAID and other donor-funded health projects in various health areas.

Overall, the SBCC capacity-strengthening strategy is the best way to create permanent, sustainable institutionalization and use of the SBCC approach. The tools, products, and services that have been developed by the C-Change project over the last four years represent a considerable investment in resources that are now available for wide dissemination and utilization. This is an opportunity that should not be missed to strengthen and expand a powerful tool for USAID's health sector development programs.

ANNEX A. SCOPE OF WORK

SCOPE of WORK for an EXTERNAL ASSESSMENT of the Capacity Strengthening Activities of the COMMUNICATION for CHANGE (C-Change) PROJECT (Revised: 07-22-11)

I. PROJECT TO BE EVALUATED

Project Name	Communication for Change (C-Change)
Cooperative Agency	Academy for Educational Development
Agreement Number:	GPO-A-00-07-00004
Effective dates:	25 September 2007 to 24 September 2012
Ceiling Value for LWA:	\$173,764,030
Obligations to Date:	\$ 56,150,932

On 25 September 2007, the Bureau for Global Health of USAID awarded a competitive five-year Leader with Associates (LWA) cooperative agreement to AED for the Communication for Change (C-Change) Project ending on 24 September 2012, with a ceiling of \$173,764,030. The C-Change Project is implemented by the Academy for Educational Development (AED). An external assessment of the capacity strengthening activities of C-Change will be conducted tentatively from 1 July to 15 September 2011.

The Academy for Educational Development has been under suspension since 8 December 2010. The suspension has negatively impacted on the ability of the C-Change Project; slowing down the implementation of many if not all of its activities.

II. BACKGROUND

The C-Change Project is a social and behavior change communication (SBCC) initiative spanning health, democracy and governance, economic growth, and the environment. Project Partners are Ohio University, CARE, Internews, University of Washington, and IDEO. C-Change activities provide state-of-the-art support to USAID Missions and their partners to design, plan, implement, and evaluate communication activities and ensure that new communication innovations, best practices and lessons learned are developed and disseminated. C-Change is entering the fifth year of a five-year project. Project activities are supported by a combination of core funding and field support: 42% of obligated funds are core, 49% are field support, and 9% originate in other mechanisms. The objectives of the C-Change Project, by intermediate result, are to:

1. Evidence-based scaled-up health and development communication programs implemented and best practices for behavior change applied (IR1)
C-Change will provide increased scaled-up community and national-level communication activities using state-of-the-art communication practices as well as participatory and community-led programming.
2. Health and development communication skills and knowledge transferred to developing country institutions (IR2)

C-Change will strengthen the capacity of institutions primarily working in health and development communication in both the public and private sectors focusing on institutional capacity to plan, implement and evaluate comprehensive health and development communication programs.

3. Health and development communication integrated within the wider public health and development agendas (IR3)

C-Change will integrate health and development communication into the programming of public and private organizations working in health and development program areas such as malaria, population, environment, and freedom of the press.

4. Effective social and behavior change communication knowledge generated and shared to address emerging health and development issues (IR4)

C-Change will provide technical leadership, strengthen global learning, and establish an innovative knowledge agenda for health and development communication.

The second IR specifically addresses capacity strengthening, or the transfer of “health and development communication skills and knowledge...to developing country institutions.” The RFA specified:

“The project will not be considered successful unless the capacity of health and development communication institutions are strengthened and in-country BCC programming is sustainable in four countries and more sustainable in seven countries. It is expected that the applicant will build the capacity of universities and provide technical assistance to in-country universities to facilitate the professional development of professors and students in development communication who, for example, can serve as current and future sources of in-country expertise.”

The RFA further stated that for the second IR, the C-Change “counterpart is an institution primarily working in health and development communication; however, opportunities to identify and to strengthen existing development communication capacity in private sector industries (energy, infrastructure, etc.) should also be considered. “

Among the areas emphasized in the RFA were:

1. Developing Centers of Excellence: As the flagship development communication mechanism for USAID, it is expected that [the Project] will implement strategies to effectively improve the quality, decrease the cost, and increase availability of BCC programming in developing countries.
2. Deepening focus on creating an enabling environment and strengthening institutional capacity: Building on successful approaches in countries where USAID has strong leverage with the government and other agencies, [the Project] will develop country-specific strategies to engage national and local policy and decision-makers to support national capacity for development communication and to develop a national BCC policy framework.
3. Routinely strengthening capacity across the four IRs in all BCC program planning, implementation and evaluation activities regardless of the level of effort.

The Technical Application submitted by the Academy for Educational Development indicated:

“To accelerate the growth of the next generation of local communication experts, we will assist universities, journalist training institutes, and other training organizations to strengthen their faculty and courses through collaboration with Ohio University (OHIO) and the Communication for Social Change Consortium (CFSC). We have identified a core set of universities

engaged in development communication who are willing to serve as resources in their own countries and for others in the region. Applying the model they developed in Ghana, OHIO's communication scholars will offer mentoring and training to faculty using a "blended" learning strategy – combining on-site training and online and telecast sessions. Depending on the local skill set, the format will be a 2-week in-country training followed by 8-10 weeks of distance learning. Strengthening on the success of its existing online curriculum in development communication, OHIO will work with universities in offering online courses in participatory communication, strategic communication in development, field research, evaluation, and communication within organizations. CFSC will work with one or more universities to adapt their master's degree curriculum in communication for social change. "

The C-Change Project is implementing four activities that have substantial programming in capacity strengthening (Annex 2). During the first four years, C-Change received total core funds of \$5,147,000 for capacity strengthening, of which \$2,587 million was PRH and \$2,560,000 was OHA .

The activities and total funding for the first four years are:

1. Support to Capacity Strengthening - \$2.157 million. Cross-cutting capacity strengthening, including development and dissemination of a series of standardized capacity strengthening tools and online resources (an SBCC capacity evaluation tool, modular training tools, a materials database, e-newsletters, and online courses). C-Change has also provided continued support to a Center of Excellence at the University of Witwatersrand (Johannesburg) and identified new Centers of Excellence in Nigeria, Guatemala, and Jamaica. Contributed to the development and coordination of a study tour from the University of Tirana to the University of Witwatersrand CoE.
2. Collaboration with the African Broadcast Media Partnership (ABMP) - \$505,000. Collaboration with the African Broadcast Media Partnership (ABMP), including message development and testing, and design of radio and television outputs, and evaluation of "campaign acceptance."
3. SBCC Information Dissemination - \$1.769 million. Gathering, sharing, and advancing knowledge relevant to C-Change issues, emphasizing SBCC in the priority subject areas (HIV prevention, family planning/reproductive [FP/RH], malaria prevention and control, and cross-cutting gender issues).
4. Regional SBCC Capacity Strengthening with SAT - \$716,000. Regional SBCC capacity strengthening with the Southern African AIDS Trust (SAT)'s affiliate organizations through mentoring, training, technical assistance, and ongoing evaluation.

Among the products developed by the Project for the C-Change Capacity Strengthening Toolkit are:

1. SBCC Capacity Assessment Tool with accompanying facilitator's guides for:
 - a. Use with Organizations
 - b. Use with Donors and Networks
2. *C-Modules: A Learning Package for Social Behavior Change Communication* for face-to-face training: Six modules containing more than 50 C-Tools for practitioners. Finalized modules include:

Module 0	Introduction to SBCC:
Module 1	Understanding the Situation
Module 2	Focusing and Designing

- | | |
|----------|-----------------------------|
| Module 3 | Creating |
| Module 4 | Implementing and Monitoring |
| Module 5 | Evaluating & Replanning |
3. Online C-Modules courses on Ohio University's online platform: A set of six modules facilitated by Ohio staff and a set of six modules abbreviated for self managed learning: Introduction: Social and Behavior Change Communication

Module 1:	Understanding the Situation
Module 2:	Focusing and Designing
Module 3:	Creating
Module 4:	Implementing and Monitoring
Module 5:	Evaluating and Replanning
 4. A three-hour E-Learning course for USAID on the Global Health website on SBCC for program managers. The three hour course is structured around C-Planning and is adapted from the C-Modules.
 5. C-Capacity Online Resource Center, a collection of relevant SBCC resources, contacts and opportunities for professional exchange and training on the Communication Initiative website; complemented by the C-Capacity E-Newsletter. Other newsletters produced and disseminated by C-Change include C-Picks (SBCC resources by health area) and C-Channel(peer-reviewed articles).

Specific objectives of C-Change's capacity strengthening activities presented in the performance monitoring plan (PMP) developed during Year 4 are outlined in Annex I.

III. PURPOSE OF THE EVALUATION AND REVIEW

The purpose of the evaluation is three-fold:

1. To evaluate the scope and depth of C-Change's progress towards achieving USAID's investment to improve the capacity for strategic planning, program design, implementation and monitoring and evaluation of communication programs,
2. To review interest and commitment of USAID/GH missions for SBCC capacity strengthening in local institutions,

IV. STATEMENT OF WORK

The consultants will have two tasks and address the following areas of inquiry (exact questions will be finalized in collaboration with GH PRH, OHA and HIDN):

Task I: To evaluate the scope and depth of C-Change's progress towards achieving USAID's investment objectives to improve the capacity for strategic planning, program design, implementation and monitoring and evaluation of communication programs (50% LOE).

- I. General (Applicable to All Activity Areas Below):
 - a. To what extent has C-Change achieved the objectives outlined in the project's PMP? What factors may account for discrepancies between targets and achievements?
 - b. Have C-Change's capacity strengthening activities been adequately linked to and supportive of other USG-supported initiatives?
 - c. What was the value of C-Change's different capacity strengthening activities (online resources, university-based centers of excellence, media training and advocacy, direct capacity building to local institutions) relative to one another? How did results produced

- by one learning platform (online vs. in-person, academic vs. professional, short-term vs. longer term) differ from those produced by another learning platform?
- d. Were there factors that hindered C-Change's ability to build capacity (financial, government support and buy in, interest of local partners, interest of local universities, time constraints)? How could these have been avoided or mitigated?
2. Cross-cutting capacity strengthening, including development and dissemination of a series of standardized capacity strengthening tools and online resources (an SBCC capacity evaluation tool, modular training tools, a materials database, e-newsletters, and online courses):
 - a. Who has accessed C-Change's online resources? This information should include characteristics of users, country of user, web site hits, page views, and length of visit, and other inquiries.
 - b. What synergies or overlaps exist in the content or portal design among C-Change online resources and competing websites (JHU/CCP Media and Materials Clearinghouse, PSI BCC Catalog and website, Communication Initiative website, etc.)?
 - c. What is the quality of C-Hub's collection, in terms of size, content areas, and standard of materials included? What have emerged as the most effective strategies for soliciting and integrating materials?
 3. Continued support to the Center of Excellence at the University of Witwatersrand:
 - a. Does the curriculum cover pertinent topics? What areas could be expanded upon through future courses or special activities? (Consider triangulating student and professor responses against those of SBCC professionals working in the region).
 - b. How is participation in the Center of Excellence courses and activities (supported by USAID through C-Change, and initially also by CDC, and DFID) perceived to influence professional growth and movement among students? How do program participants anticipate applying the skills they have gained through their coursework?
 - c. Is the community of practice established by C-Change and the University of Witwatersrand CoE active and self-sustaining? What activities are ongoing? What activities are perceived to be most valuable by students and professors?
 - d. How well positioned are the CoE and its graduates to impact SBCC at the national and regional levels? Do those trained in the program have the characteristics (in terms of seniority, connectedness, dynamism, etc) to contribute to advances in SBCC within the region?
 4. Regional SBCC capacity strengthening with SAT:
 - a. How does C-Change measure the application of skills gained through capacity strengthening activities? What are the perceived benefits of participation in C-Change capacity strengthening activities among participants? Among their supervisors, colleagues, and professional contacts?
 5. Collaboration with the African Broadcast Media Partnership (ABMP):
 - a. Have C-Change's capacity strengthening activities effectively increased the ability of key ABMP media partners and their staff/members to develop and disseminate SBCC messages?
 - b. Is there evidence of capacity strengthening above and beyond the activities on which the two organizations collaborated directly?
 - c. How widely have campaign messages developed by C-Change and ABMP been disseminated?

Task 2: To review interest and commitment of USAID/GH missions for SBCC capacity strengthening in local institutions (25% LOE).

1. What is the level of awareness about C-Change-developed tools and other HQ resources for SBCC capacity strengthening among mission staff? How could HQ better create awareness of and demand for these services and tools?
2. What types of capacity strengthening activities are of interest to USAID Missions (capacity strengthening with government counterparts; support to NGOs, CBOs, FBOs; university-based courses or degree programs; on-the-job training, workshops, media advocacy or capacity strengthening)? What topics within SBCC should receive particular attention, if any?
3. Identify whether Missions are interested in strengthening the capacity of in-country implementing organizations (NGOs, FBOs,) and academic institutions to
 - a. Plan, implement, and evaluate SBCC programs including coordinating with multiple public and private stakeholders and geographic areas.
 - b. Manage SBCC programs including organization, personnel skill sets and experience, budgeting, selecting and managing commercial marketing firms,

NB: GH PRH, OHA and HIDN staff will be responsible for collecting data for this area of inquiry through an e-survey and phone interviews with select mission staff. They will also perform preliminary data analysis, and provide both raw data and initial findings to the consultants in advance of field visits. The consultants will be responsible for in-depth analysis of this data, and integration of results with other findings of the assessment outlined here.

V. RESOURCES AND METHODOLOGY

Resources: The consultants will review all project documentation, including but not limited to the following:

- Communication for Change (C-Change): Leader with Associate Cooperative Agreement
- The Academy for Education Development Final Technical Proposal for C-Change Project
- PRH and OHA Strategic Frameworks
- 2006 Health Communication Partnership (HCP) Capacity Strengthening Assessment
- Capacity Strengthening Requirements for U.S.-Based Recipients of PEPFAR Funds, 18 March 2005
- PEPFAR and PMI Indicators for SBCC and SBCC Capacity Strengthening
- Recent Practices In Monitoring and Evaluation TIPS: Measuring Institutional Capacity
- C-Change Core and Country Work plans
- C-Change Products (see page 3)
- C-Change Quarterly Reports
- Capacity strengthening evaluation by Missions: esurvey and telephone interviews
- 2010 Mid-Point Evaluation – C-Change
- Trip reports, selected
- Relevant correspondence provided by C-Change and GH/PRH/PEC
- C-Change Capacity Strengthening Self-Assessment Report

C-Change and GH/PRH, OHA, HIDN will provide the consultants with electronic copies of the above documents. C-Change will provide the consultants with a copy of all the modules, tools and other relevant documents related to the capacity strengthening activities. The Project will also provide a written analysis of capacity strengthening programs including a detailed document

on capacity strengthening and the associated costs generally and specifically for South Africa, Namibia and a third country to be selected by PRH, OHA and HIDN staff in consultation with C-Change. The information should be presented according to several inter-connected levels of capacity strengthening:

- Role of AED-based TA and associated costs
- Role of Ohio University and associated costs
- Role of other specialized training/capacity strengthening and associated costs

The consultants will receive from C-Change and GH PRH, OHA and HIDN a list of essential contacts as well as a list from which they will be able to randomly select persons to interview. Information will also be collected through visits with GH/C-Change management team, USAID personnel in Global Health and other Bureaus, telephone discussions with selected mission personnel, and interviews with C-Change personnel. To facilitate the interviewing process, the team should develop in consultation with the C-Change management team, a standard questionnaire for use during the interviews.

Proposed Methodology: Possible methodologies for the evaluation are outlined in brief below. The consultants are encouraged to work closely with key staff in GH PRH, OHA and HIDN staff to refine and finalize methods and tools.

Team Planning Meeting: A one-day team planning meeting will be held at USAID HQ for USAID, GH Tech and the consultants to ensure that the team members understand the assignment objectives. The team will be briefed by the USAID AOTR and management team, C-Change project staff and GH Tech on the purpose, strategy, and current status of activities. Background materials and other data sources will be provided, the timeline finalized, evaluation tools discussed, a data analysis plan drafted, and roles and responsibilities assigned. Report preparation guidelines will be provided and discussed.

Desk Review of Key Documents: The consultants will review key C-Change program documents and products in order to orient themselves to the project and its capacity strengthening activities, as well as the objectives and priorities of USAID in this area.

Self-Assessment: USAID management team will develop a capacity strengthening self-assessment questionnaire, to be completed by C-Change. C-Change's written response to these questions will be provided to the evaluation team as part of the background materials.

E-Survey of Missions: The USAID SBCC team will prepare and distribute an e-survey to Missions to explore SBCC needs and priorities. Survey results will be provided to the assessment team.

Key Informant Interviews with C-Change and USAID staff: Based on the results of the desk review and the team planning meeting, the consultants will develop a structured interview guide to be utilized with key C-Change staff. These interviews will be conducted in Washington DC in interviewees' onsite locations or by telephone, whichever is most expedient and cost effective. USAID and C-Change will provide suggestions for interview. Parallel to this, USAID staff will conduct phone interviews with selected Mission staff (identified through the e-survey described above) to further explore SBCC needs and priorities in the field. A report synthesizing these interviews with USAID staff will be provided to the assessment team.

Evaluation of C-Modules (SBCC Training Materials) and online courses: The consultants will conduct an in-depth review of C-Modules and online courses.

Evaluation of Electronic Newsletters: The consultants will review C-Change's e-newsletters (C-Channel, C-Capacity, and C-Change Picks), and its electronic materials database,

with an eye to both content and functionality within a developing country setting. The consultants will complement with an analysis of resource user data (to be provided by C-Change staff).

Country visits: Following U.S.-based data collection, the consultants will visit South Africa and Namibia; a third country will be selected in consultation with C-Change based primarily on the home countries of SAT and ABMP trained personnel. One consultant will visit each country, for a total of 6 days each, a third country, possibly Malawi will be visited for 4 days by the same consultant that visits South Africa. These visits will likely comprise a variety of activities, including:

1. Structured key informant interviews or small group discussions with CoE students and professors; SAT trainees and supervisors; ABMP staff; and USAID CA staff,
2. Review of key planning documents and SBCC outputs developed by SAT trainees or other beneficiaries of capacity strengthening activities against predetermined quality criteria, and (if possible)
3. Observation of classes or training activities, with an eye to evaluating content, design, and facilitation.

VI. TEAM COMPOSITION:

The evaluation team will comprise two consultants with the following skills and qualifications:

- Experience in SBCC programming and implementation
- Experience in evaluating capacity strengthening within SBCC programs,
- Experience in evaluation of SBCC capacity strengthening as it relates to family planning , HIV/AIDS and Malaria in developing countries,
- Experience evaluating curricula, tools and products using adult learning principles
- One member must have sufficient experience electronic databases and website usability, design and analytics in order to assess programs using e-learning, online courses, websites and other electronic materials,
- Familiarity with current GH priorities, including PRH Results Framework and PEPFAR Technical Guidance, PEPFAR and PMI indicators
- Experience with USAID mission programming,
- Excellent analytical and writing skills, and
- Broad experience working in developing countries

VII. DURATION, TIMING, AND SCHEDULE

Task/Deliverable	Consultant Assigned to Task	Consultant 1/Team Leader LOE	Consultant 2 LOE	Total Consultant days/Total LOE
Team planning meeting	1, 2	2	2	4
Desk review of background documents, C-Change self-assessment and e-survey	1, 2	2	2	4
Draft interview questions for USAID and C-Change, prepare plan of analysis, schedule interviews,	1, 2	3	3	6

Task/Deliverable	Consultant Assigned to Task	Consultant 1/Team Leader LOE	Consultant 2 LOE	Total Consultant days/Total LOE
prepare table of contents for final report				
Assessment of C-Change SBCC assessment tools, C-Modules online facilitated and non facilitated modules, Global Health E-learning module (3 hours), Face-to-face C-Modules print learning package with 50 C-Tools, C-Capacity website, e-newsletters	1, 2	4	4	8
Conduct interviews with USAID and C-Change personnel; prepare interview questionnaire for universities, NGOs, MOHs; prepare data collection instruments and plan of analysis, schedule in-country interviews	1, 2	3	3	6
Country visit, South Africa	1	6	0	6
Country visit, Namibia	2	0	6	6
Country visit, TBD	1	4	0	4
Round Trip International Travel	1,2	4	4	8
Data analysis, draft report	1, 2	5	5	10
Debrief with USAID and C-Change	1, 2	1	1	2
Revise and submit final report	1, 2	4	4	8
TOTAL	n/a	38	34	72

A six-day work week is authorized when consultants are working outside of the United States.

GH Tech will be responsible for providing logistical support to the team, including scheduling meetings and interviews, making copies of documents and drafts, making flight and hotel travel arrangements, obtaining visas and reimbursements for expenses.

VIII. DELIVERABLES

1. Written methodology/work plan (evaluation design/operational work plan) drafted during the TPM and submitted to GH/PRH for review and approval before interviews begin.
2. A presentation to debrief GH/PRH and GH/OHA staff involved in the management of C-Change.
3. A draft report addressing key questions within one week of return from country visits. GH/PRH and GH/OHA staff will provide comments on the draft report within five working days of receiving it.
4. A final unedited draft of the report (tentatively due on 26 September 2011) will be submitted within 5 working days of the receipt of USAID's comments on the draft report.
5. Final report: Once the final unedited report is approved by USAID, GH Tech will have 30 (thirty) days to edit/format and print the final document. The report will be the property of

USAID and posted on the USAID/DEC and the GH Tech website. Dissemination of relevant findings will occur through official channels. The report shall not exceed 30 pages, excluding the annexes.

The final report will use the following format:

1. An executive summary (not more than 5 pages) containing a clear, concise, summary of the most critical elements of the report, including the recommendations,
2. Table of contents
3. Body of the report (not more than 25 pages), which includes purpose of evaluation, team composition, methodology, finding based upon evidence, conclusions drawn from finding, recommendations based about findings and conclusions, presented in sufficient detail so that USAID can take specific actions to improve future program quality and implementation.
4. Annexes, not included in the 30 pages, will include: SOW, list of documents reviewed, list of key informants and their contact information, data collection instruments, more detailed discussion of methodological or technical issues as appropriate, and the PowerPoint presentation from the debrief outlining the results and recommendations.

ANNEX I: C-CHANGE PERFORMANCE MONITORING PLAN

IR2: Strengthening and Transfer SBCC Skills and Knowledge to Developing Country Institutions						
Performance Indicator	Indicator Target	Definition and Unit of Measurement	Data Collection Methods/ Approaches	Data Compilation		Funding Source
				Frequency/ Responsibility	Country Applications	
IR2 Cross-cutting Indicators						
# of institutions that meet “Center of Excellence” criteria Outcome	3	Def: A center of excellence is an institution that is able to provide training in SBCC following 3 of C-Change’s pre-determined criteria Unit: Number of organizations that meet those criteria	Case study of COE design, set up, and evaluation; work plans, protocols, final reports – Evaluation of institutions using pre-determined criteria	Upon completion of activity or evaluation Responsibility: Hibist Astatke/ Emily Bockh	All relevant implementation countries	Core and Field Support
% of agencies, organizations and work groups that increase SBCC competencies Outcome	80%	Def: # of agencies, organizations, and work groups whose post-training/TA scores on SBCC competencies exceed their pre-training scores divided by the total number organizations receiving training and TA from C-Change Unit: Trained organizations	Evaluation Tool Database (baseline and follow-up data)	Annual Responsibility: Hibist Astatke/ Emily Bockh	All relevant implementation countries	Core and Field Support
% of people trained who exhibit increased application of SBCC skills Outcome	Targets will be set at the individual country level	Def: # of participants who show increased competency immediately following training divided by total # of participants, by cadre and intervention area Unit: Training participants	Successfully completing assignments, post training Post training evaluation of work plans, strategies, journalist’s articles	Annual Responsibility: Hibist Astatke/ Emily Bockh	All relevant implementation countries	Field Support

IR2: Strengthening and Transfer SBCC Skills and Knowledge to Developing Country Institutions						
Performance Indicator	Indicator Target	Definition and Unit of Measurement	Data Collection Methods/ Approaches	Data Compilation		Funding Source
				Frequency/ Responsibility	Country Applications	
% of participants with increased knowledge after participation in the SBCC courses Outcome	80%	Def: Of the total number who participated in SBCC courses at the Center of Excellence, the % whose post-course score was higher than the pre-course score Unit: Students	Pre-and post-tests and/or intervention- and comparison group comparisons and/or completion of assignments	Upon completion of final report Responsibility: Hibist Astatke/ Program and Country Activity Leaders	All relevant implementation countries	Core and Field Support
# of trainees able to plan M&E activities for SBCC interventions Outcome	Targets will be set at the country level	Def: An M&E plan accompanies a work plan to describe the M&E system. Trainees must have an M&E Plan and the skills to carry out M&E activities in plan. Unit: M&E work plan document	Quarterly Reports and evaluation of trainees' work plans Capacity evaluation reports	Annual Responsibility: Hibist Astatke/ Emily Bockh	All relevant C-Change country programs and activities	Field Support
# of people trained to implement quality SBCC programs Output	Targets will be set at the individual country level	Def: Participants who complete an SBCC training disaggregated by type of training (General SBCC, HIV Prevention, Stigma reduction, FP/RH, Malaria, TB), by cadre, and gender. Unit: Number of participants	Project Capacity Strengthening Database Capacity evaluation reports	Annual Responsibility: Hibist Astatke/ Emily Bockh	All relevant implementation countries	Field Support
# of local institutions with which C-Change engaged in SBCC capacity strengthening activities Output	Targets will be set at the individual country level	Def: A local institution refers to an indigenous or international in-country organization that C-Change has partnered with to provide capacity strengthening activities in any topical area supported by the project Unit: Number of institutions	Project Capacity Strengthening Database	Annual Responsibility: Hibist Astatke/ Emily Bockh	All relevant implementation countries	Field Support

IR2: Strengthening and Transfer SBCC Skills and Knowledge to Developing Country Institutions						
Performance Indicator	Indicator Target	Definition and Unit of Measurement	Data Collection Methods/ Approaches	Data Compilation		Funding Source
				Frequency/ Responsibility	Country Applications	
IR2 Country Specific Field and Core Activity Indicators						
% of master trainers with full competency for sustained training in SBCC Outcome	Targets will be set at the individual country level	Def: Percent of SBCC TOT participants who show increased competency immediately following training Unit: Training participants	Project Capacity Strengthening Database	Annual Responsibility: Hibist Astatke/ Antje Becker	Swaziland and other relevant countries	Field Support
# of peer educators trained on RH health issues Output	Targets will be set at the individual country level	Def: Total number of peers who successfully complete the Competency-based training, disaggregated by health issue and cadres trained/country Unit: Peer Educators	Project Capacity Strengthening Database	Annual Responsibility: Hibist Astatke/ Antje Becker	Albania and other relevant countries	Core and Field Support
I.2.1 Support to Capacity Strengthening						
# of external downloads of C-Change CS toolkit components Output	12	Def: Downloads refers to copying and sending data from C-Change's website to a user's data storage space Unit: C-Change's CS toolkit	Web Activity Database	Quarterly Responsibility: Hibist Astatke/ Emily Bockh	Kenya, South Africa, Nigeria, Namibia, Ethiopia, Kenya, Rwanda, Uganda	Core Funding
# of local collaborators enrolled in Center of Excellence SBCC certificate and postgraduate courses Output	20	Def: Number of individuals: (i) collaborating with C-Change; (ii) are based in project countries; and, (iii) are enrolled in SBCC certificate and postgraduate courses Unit: Number of individuals who meet the three conditions	University records	Upon completion of final report Responsibility: Emily Bockh	Kenya, South Africa, Nigeria, Namibia, Ethiopia, Kenya, Rwanda, Uganda	Core Funding

IR2: Strengthening and Transfer SBCC Skills and Knowledge to Developing Country Institutions						
Performance Indicator	Indicator Target	Definition and Unit of Measurement	Data Collection Methods/ Approaches	Data Compilation		Funding Source
				Frequency/ Responsibility	Country Applications	
# of developing country readers subscribed to e-magazine Output	1000 annually	Def: Individuals (distinct from the C-Change list-serve subscribers) from countries of Africa, Asia and South America who register to have access to e-magazine of C-Change Unit: Number of such individuals	Web Activity Database	Quarterly Responsibility: Emily Bockh	Kenya, South Africa, Nigeria, Namibia, Ethiopia, Kenya, Rwanda, Uganda	Core Funding
# of people completing on-line trainings on SBCC Modules Output	20	Def: On-line trainings are conducted virtually – trainees read the C-modules/materials stored on the web and do exercises on-line as directed/facilitated. Trainings take place within a specified period of time Unit: Number of people	Quarterly Reports (Ohio University) – training records (including profiles of trainees)	Upon completion of training/final report Responsibility: Emily Bockh	Kenya, South Africa, Nigeria, Namibia, Ethiopia, Kenya, Rwanda, Uganda	Core Funding
# of online facilitators trained in facilitated online modules Process	20	Def: On-line facilitators are persons that provide training instructions on-line. They guide trainees and grade trainees' work. Unit: Number of the facilitators that were trained	Quarterly Reports	Upon completion of training/final report Responsibility: Emily Bockh	Kenya, South Africa, Nigeria, Namibia, Ethiopia, Kenya, Rwanda, Uganda	Core Funding
4.2.2 Regional SBCC capacity strengthening with SAT						
% of trained organizations using SBCC tools Outcome	100%	Def: Number of organizations whose staff received SBCC training and are using SBCC tools divided by the total number of organizations whose staff received SBCC training Unit: Trained organizations	Evaluation of organizations trained/ Capacity Evaluation Tool	Upon completion of final report Responsibility: Hibist Astatke/ Emily Bockh	SAT Network	Core Funding

IR2: Strengthening and Transfer SBCC Skills and Knowledge to Developing Country Institutions						
Performance Indicator	Indicator Target	Definition and Unit of Measurement	Data Collection Methods/ Approaches	Data Compilation		Funding Source
				Frequency/ Responsibility	Country Applications	
% of participants completing assignments from training sessions Output	75%	Def: Assignments defined during training sessions have been received by C-Change staff and approved as complete. Units: # of assignments	Project Capacity Strengthening Database	Upon completion of final report Responsibility: Hibist Astatke/ Sarah Meyanathan	SAT Network	Core Funding

ANNEX B. LIST OF INTERVIEWEES

INTERVIEWS IN NAMIBIA	
Name	Organization
Brad Corner	USAID/Namibia
Melissa Jones	USAID/Namibia
Karla Fossand	USAID/Namibia
Elizabeth Burleigh, FHI360 Chief of Party	C-Change Office
Stephanie Van der Walt	C-Change Office
Flavian Rhode	C-Change Office
Dietrich Remmert	Technical Advisory Committee on HIV Prevention, Senior Liaison Officer
Mercia Kambucera (Community capacity enhancement coordinator, RACOC Secretariat)	Omaheke Regional AIDS Coordinating Committee (RACOC)
Nelson W. Meroro, (Regional Development Planner, RACOC Secretariat)	Omaheke Regional AIDS Coordinating Committee (RACOC)
Valerie Tsirimuse (Community Liaison Officer (HIV/AIDS & TB), RACOC Secretariat)	Omaheke Regional AIDS Coordinating Committee (RACOC)
Stanley Mungambwa (materials development, electronic media)	MOHSS immunization (EPI) communication strategy
H. Hainoura (audience research)	MOHSS immunization (EPI) communication strategy
Matina Allies (EPI)	MOHSS immunization (EPI) communication strategy
Josephine Mbanga (Communication IEC Division)	MOHSS immunization (EPI) communication strategy
Dorothy N. Kambinda (IEC Division/HPR)	MOHSS immunization (EPI) communication strategy
Gabrielle Gamseb (Material development, print media)	MOHSS immunization (EPI) communication strategy
P. Bashmipi Maloboka (Head of IEC/HRR)	MOHSS immunization (EPI) communication strategy
Reggie Mouton	Lifeline Childline
Jean Shityuwete (director)	Lifeline Childline
Lisa Escultura (Program Manager for Kayec Youth Development (KYD) Program)	Kayec
Ian Maxwell	PACT
Ms Otilie Lamperth, Organizational Development Coordinator	PACT
Livana Shikongo (Director)	SFH (Society for Family Health)
Liski Hays (Project Manager, LGBTI Namabi – NGO that works with social media)	SFH (Society for Family Health)
Edward Swiyuti (Halvers Bay Corridor Group Wellness Service that works with truckers)	SFH (Society for Family Health)

INTERVIEWS IN NAMIBIA	
Name	Organization
Linda Baumann (Director of Out Right— an NGO that deals with different sexual orientations)	SFH (Society for Family Health)
Theo Machoki (Chamber of Mines)	SFH (Society for Family Health)
Frida Katuta (intervention coordinator)	MOHSS/CDC

INTERVIEWS IN KENYA	
Name	Organization
Anne Murphy	(USAID/KENYA/OPH) HIV
Daniel Wacira	(USAID/KENYA/OPH) Presidential Malaria Initiative
Catherine M. Lengewa, Chief of Party	C-Change Kenya
James Githui	World Vision
James Morrow, Head of BCC	Division of Malaria Control (DMC)
Ida Jooste, Director	Internews Kenya
Mary Ann Wawaru	Internews Trainer
Elizabeth Wangari Migir, Journalist	Internews trainee
Irene Cheege Niv Keupa, Journalist	Internews trainee
Samuel Odhiambo	Health Right International
David Kinyua	National Coordinating Agency for Population and Development (NCAPD)
Jones Abisi, Head of BCC	Division of Reproductive Health (DRH) in the Department of Family Health in the Ministry of Public Health and Sanitation
Silas Archer, Senior Communication Officer	Male Circumcision Consortium (MCC)
Vincent Odiara, VMMC marketer	Nyanza RH Society
Christine Osula	VMMC “Faces” project in Kisumu
Dr. Ochieng	National AIDS and STI Control Program (NASCOP)
Ben Adika	C-Change Kenya (malaria)
Issac Abuya	C-Change Kenya (VMMC)
Jane Alaii	C-Change Kenya (research)

INTERVIEWS IN SOUTH AFRICA	
Name	Organization
Shereen Usdin, Senior Executive	Soul City Institute
Jenny Butto, Community Conversations Toolkit	Soul City Institute
Rayhana Rassool, Soul City Network	Soul City Institute
Gareth Coats, Coordinator of School Without Walls	Southern African AIDS Trust
Lindiwe Dladla	Southern African AIDS Trust
Jonathan Gunthorpe	Southern African AIDS Trust
Edith Lingwe (Zambia)	Zanerela (Zambia Network of Religious Leaders Affected by HIV/AIDS)
Maclean Sosono (Malawi)	FAST (Friends of AIDS Trust)
Nicola Christofides, Senior Lecturer	University of Witwatersrand
Sara Nieuwoudt	University of Witwatersrand
Carolyn Carew, Production Consortium	African Broadcast Media Partnership
Angela Stewart Buchanan, Project Coordinator	African Broadcast Media Partnership
Kamscilla Naidoo, Responsibility Office for ABMP	South Africa Broadcast Corporation
Warren Parker, Consultant on participatory materials development	

INTERVIEWS WITH C-CHANGE WASHINGTON STAFF	
Name	Organization
Neill McKee	Project Director of C-Change
Antje Becker-Benton	Deputy Director of C-Change responsible for oversight of country-based implementation and all core capacity-strengthening activities
Hibist Astatke	Senior M&E Specialist supporting M&E for country programs, capacity- strengthening M&E and training, and PMP oversight
Emily Bockh	Program Officer for CS activities including coordination of all interventions with Ohio University, Soul City and University of the Witwatersrand (Wits), USAID e-Learning and the Southern African AIDS Trust (SAT)
Sandra Kalscheur	Knowledge Management Advisor and oversees the knowledge dissemination activity including C-Channel, C-Picks, C-Hub, and the C-Change web site
Sarah Meyanathan	Program Officer for CS activities including the SBCC Capacity Assessment Tool (SBCC-CAT) administration, C-Capacity, communities of practice, and the community conversation toolkit

INTERVIEWS WITH C-CHANGE WASHINGTON STAFF	
Name	Organization
Thaddeus Pennas	Senior Communication Specialist for the Presidential Malaria Initiative (PMI) activities including regional and national TA and training
Susan Rogers	M&E Specialist supporting M&E for country programs and capacity strengthening, as well as training on C-Module 5 on M&E
Mona Steffan	Research and Evaluation Officer managing the PMP, including capacity strengthening
Kara Tureski	Program Manager for country programs – Mozambique and Jamaica and The Bahamas using the capacity-strengthening toolkit
Mark Rasmuson	Vice President for the Center of Global Health Communication and Marketing responsible for original proposal and project guidance

INTERVIEWS WITH USAID	
Name	Organization
Robert Clay	GH/Deputy Assistant Administrator
Scott Radloff, Director	GH/PRH
Ellen Starbird, Deputy Director	GH/PRH
Jim Shelton, Science Advisor	GH/PRH
Sarah Harbison, Senior Advisor	GH/PRH
Elizabeth Schoenecker, Division Chief, Policy, Evaluation & Communication Division	GH/PRH
Gloria Coe, Senior Behavior Change Advisor, Policy, Evaluation & Communication Division	GH/PRH
Madeleine Short-Fabic, Public Health Advisor, Policy, Evaluation & Communication Division	GH/PRH
Maggie Farrell, Private Sector Health Team Leader, Service Delivery Improvement Division	GH/PRH
Elizabeth Fox, Director	GH/HIDN
Martin Alilio, Senior Malaria Advisor, Infectious Diseases Division	GH/HIDN
Kama Garrison, Senior Public Health Advisor, Avian Influenza Unit	GH/HIDN
Shanti Conly, Prevention Team Lead, Technical Leadership and Research Division	GH/OHA
Cheryl Kamin, Implementation Support Chief	GH/OHA
Hope Hempstone, Senior Behavior Change Advisor, Implementation Support Division	GH/OHA
George Greer, Senior Malaria Advisor	Africa Bureau

ANNEX C. SUMMARY OF C-CHANGE CAPACITY-STRENGTHENING ACTIVITIES

SUPPORT TO CAPACITY STRENGTHENING

Purpose

To ensure country commitment to the use and long-term sustainability of the Capacity Strengthening (CS) Toolkit including the SBCC on-line courses and centers of excellence (CoE).

Background

CS is a center piece of the C-Change program. It began in Year 1 and has been refined and rolled out in several phases. In Year 1, a CS strategic plan was developed that provided technical guidance to integrate CS into every aspect of program work, initiate the development of CoEs, and tap into existing CS initiatives, resources, and networks. In Year 2, C-Change moved into the development phase and began creating critical tools. In Year 3, all tools were thoroughly field tested and finalized. In Year 4, application and completion of the CS Toolkit components continued; new CoEs were identified in Albania, Guatemala, Jamaica, and Nigeria, and support to ensure long-term sustainability of the current CoE and SBCC on-line courses continued. Detailed Year 4 accomplishments include:

- Incorporated the practical application of SBCC theories and models into the CS Toolkit. A section demonstrating how the socio-ecological model is grounded in theory and the application of theory was incorporated into the C-Modules and the SBCC online courses.
- Finalized CS Measurement Tools. The SBCC Capacity Evaluation Tool (SBCC-CAT) for partners was revised to include a material review and the development of a capacity-strengthening plan session. SBCC-CATs for donors/regional networks and individuals were also developed and implemented in Jamaica and Guatemala.
- Drafted the following supplemental modules for the C-Modules:
 - a. The application and measurement of SBCC theory
 - b. A guide to conduct trainings using the C-Modules with a focus on advocacy
 - c. A guide to conduct trainings using the C-Modules with a focus on social/community mobilization
 - d. A guide for cascading the C-Module training within networks and organizations (training of trainers)
- Field tested in Nigeria and finalized the SBCC module for frontline health workers.
- Updated the Communication Initiative (CI) On-line Resource Center (ORC) and *C-Capacity* bi-monthly newsletter. The number of subscribers to *C-Capacity*, visitors to the ORC, and referrals to C-Change's web site and CS Toolkit have grown.
- Continued support to the CoE at University of Witwatersrand through training and capacity strengthening of faculty and students. Contributed to the development and coordination of a study tour (organized and funded by FORECAST Albania) for key Albanian decision makers to visit the CoE at the University of Witwatersrand. Conducted an SBCC training course on research and M&E for SBCC programming to strengthen CS among high-level researchers/professors and administrators working primarily in family planning and reproductive health.
- Launched a community of practice (CoP) with the University of Witwatersrand and students from the CoE in SBCC. Formed a technical management committee and facilitated

discussions on current topics in SBCC and sharing of lessons learned, and invited guest speakers to provide support to participants.

- Uploaded all content of the online SBCC courses (instructor-led and self-paced) and subsidized course fees for the instructor-led on-line SBCC courses.
- Collaborated with AfriComNet to introduce the CS Toolkit and plan future capacity-strengthening activities. This included presenting each of the CS Toolkit components at the AfriComNet regional partner meeting to representatives from seven universities in seven countries. C-Change facilitated discussions with AfriComNet country partners about how the CS Toolkit can complement and strengthen existing activities and programs.

ACTIVITY SUMMARY

During Year 5, use of the CS Toolkit³ will continue throughout C-Change's country programs and will focus on ensuring sustainability and uptake of the tools. Case studies will be developed and shared to document the development and implementation of the capacity-strengthening activities over the life of the project. Detailed Year 5 activities include the following:

Finalization, Promotion, and Dissemination of the Capacity Strengthening Toolkit:

- Finalization of CS Toolkit components
 - Field test and finalize the supplemental *C-Modules*:
 - The application of SBCC theory
 - A guide to conduct trainings using the *C-Modules* focusing on advocacy
 - A guide to conduct trainings using the *C-Modules* focusing on social/community mobilization
 - A guide for cascading the *C-Module* training within networks and organizations (training of trainers)
 - Systematic revision of CS Toolkit components based on findings from use in country programs
- Promotion and dissemination of the CS Toolkit through channels such as regional networks, country programs, presentations at meetings and trainings, technical working groups, and supportive promotional print materials.
 - Develop promotional plan
 - Develop and produce promotional materials
 - Design and disseminate:
 - Edited print version of the *C-Modules*
 - Supplemental *C-Modules*
 - Final field tested SBCC session plan for frontline health workers
 - SBCC Capacity Evaluation Tools (for use with partners, for use with regional networks and donors, and for use with individuals)
 - Promote and enroll participants in the SBCC On-line Courses (instructor-led and self-paced)

³ The CS Toolkit consists of the *C-Modules*, on-line SBCC courses (instructor-led and self-paced), *C-Tools*, center of excellence courses (at University of Witwatersrand and other developing CoEs), SBCC Framework, *C-Capacity* and the On-line Resource Center, Community Conversation Toolkit, Technical Assistance Bulletins, and the CS Measurement Tools.

- Ensure commitment to use of the CS Toolkit
 - Continue to collaborate with AfriComNet regional partners to incorporate the use of the CS Toolkit as part of the network’s activities

Online Resource Center:

- Continuously update and refine the materials in the Communication Initiative (CI) On-line Resource Center (ORC), including *C-Capacity* e-magazine and other activities based on ORC use and feedback from users

Center of Excellence:

- Support the CoE at University of Witwatersrand in training and capacity strengthening of faculty and students
- Review syllabi for courses and revise based on feedback from students and to incorporate content from the CS Toolkit
- Document and create a tool to support the development of centers of excellence, that will include criteria for centers of excellence, process to be undertaken, sample syllabi and course material, lessons learned from C-Change’s experience in the development coordination of CoEs, and a case study documenting the development and implementation of the CoE at the University of Witwatersrand

Communities of Practice:

- Continue to manage two communities of practice (with University of Witwatersrand and a regional network of health programmers) through the updating of relevant resources, discussion topics, guest experts, lesson sharing and holding of regular technical management meetings
- Develop a sustainability plan for the communities of practice

Develop and Implement Sustainability Plans for:

- Center of excellence, including the community of practice at the University of Witwatersrand
- On-line SBCC Courses with Ohio University
- The ORC and *C-Capacity* with the Communication Initiative

M&E:

- Compile monitoring and evaluation data of CS activities including the use of the CS Toolkit to summarize outcome levels. Results may be used for a journal article.
- Develop and disseminate case studies on:
 - The development and implementation of a comprehensive package of capacity-strengthening activities
 - The design, set up, and evaluation of the center of excellence at the University of Witwatersrand
 - The use of innovative and advanced technology such as e-learning and distance learning to improve application and knowledge of SBCC

ORGANIZATIONS INVOLVED

- AED, CI, Ohio University, Soul City, University of Witwatersrand, I-TECH, Tirana University, and AfriComNet and training institutions. The number of African universities

engaged in capacity-strengthening work will be opportunity-driven, related to available field support, and coordinated with AfriComNet.

OUTPUT INDICATORS

- Number of finalized components of the CS Toolkit
- Development of promotional plan for CS Toolkit
- Number of promotional materials for CS Toolkit disseminated
- Number of people completing online SBCC courses
- Number of online facilitators trained in the instructor led on-line SBCC courses
- Number of CS Toolkit components designed and disseminated
- Number of developing country readers subscribed to *C-Capacity*
- Number of enrolled in the center of excellence SBCC certificate and postgraduate courses
- Number of certificate and postgraduate courses implemented at the center of excellence
- Number of regional diploma and post-graduate students trained at the center of excellence
- Development of tool for supporting the development of centers of excellence
- Number of sustainability plans developed and implemented

OUTCOME INDICATORS

- Number of certificate and post-graduate courses (diploma and MA) implemented at the center of excellence
- Number of organizations, governments, or regional networks using components of the CS Toolkit
- Number of learning communities that become communities of practice created
- Number of institutions that meet the center of excellence criteria
- Number of case studies written and disseminated

	2011						2012					
Activities	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Finalize pre-test versions of 4 supplemental C-Modules												
Pretest 4 supplemental C-Modules												
Final supplemental C-Modules												
Review of CS Toolkit components												
Finalization of all CS Toolkit components												
Host self-paced on-line SBCC courses												
Host and conduct												

	2011						2012					
Activities	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
instructor led on-line SBCC courses												
Develop CS Toolkit promotional plan												
Develop CS Toolkit promotional materials												
Implement CS Toolkit promotional plan												
Disseminate CS promotional materials												
Collaborate with AfriComNet to incorporate CS Toolkit into institutional activities												
Develop sustainability plans												
Implement sustainability plans												
Update the ORC and distribute C-Capacity												
Certificate courses conducted at Wits and provide TA												
Create tool to support the development of centers of excellence												
Compile M&E data of CS activities												
Collect data for case studies (4)												
Write 4 case studies												
Finalize and disseminated 4 case studies												

COLLABORATION WITH THE AFRICAN BROADCAST MEDIA PARTNERSHIP (ABMP)

Purpose

To support the African Broadcast Media Partnership and Kaiser Family Foundation to design and develop a pan-African media campaign that integrates reproductive health and HIV prevention by promoting reproductive health services to women of reproductive age.

Background

Established in 2005 and led by African broadcast executives, the ABMP's principal aim is to increase the amount, quality, and entertainment and informational value of HIV/AIDS and reproductive health-related broadcast programming. ABMP's broadcast platform reaches approximately 200 million Africans across 38 countries. ABMP member companies commit a minimum of 5% (approx. one hour) daily airtime to this effort (more than 85% of member companies exceed this commitment), as well as production and personnel resources. Over the past five years, the ABMP has sustained public service campaigns on radio and television, and the localized programming. ABMP has also established in its individual member companies' stronger capacity to produce and broadcast socially relevant programming of higher production and entertainment value, with strategically developed and targeted information. Since 2006 the network has grown in membership from 37 members to 63 in 38 countries. In a recent survey, members also cited an increase in commitment of resources and broadcast time to HIV programming. The ABMP receives funding support from the Henry J. Kaiser Family Foundation, the David and Lucille Packard Foundation, the Bill and Melinda Gates Foundation, UNICEF, UNAIDS, and the WHO.

Last year, C-Change worked with ABMP to design and develop a media campaign on HIV prevention within PMTCT for women of reproductive age. C-Change provided technical support to the creative committee of ABMP in June, 2010 by conducting an orientation to social and behavior change communication (SBCC) and by providing technical input to the creative strategy for the campaign. C-Change also supported the development of programming guides and monthly electronic bulletins to help media programming localize the messages of the campaign.

The campaign spots were distributed to the 63 member media houses in August, 2010. In November, 2010, Kaiser Family Foundation was conducting a workshop with ABMP members on producing local programming around the campaign themes. The programming guides will be the focus of the workshop discussions. The electronic bulletins, which have started to be distributed, will be sent monthly to member media houses.

ACTIVITY SUMMARY

The campaign activities for Year 5 are summarized below:

Goal of the campaign: To improve the reproductive health status of young women and reduce their vulnerability to HIV by carrying out a pan-African media and advocacy campaign to improve reproductive health knowledge and attitudes, as well as demand for access to high quality reproductive health and HIV testing services.

The Initial Objectives of the Campaign are to:

- Increase awareness among young women on the importance of reproductive health services for women
- Encourage utilization of reproductive health services by women to help reduce HIV infection, prevent unwanted pregnancies, and promote services such as HIV testing
- Advocate for action on improved access to reproductive health services throughout the African continent

For this new campaign, C-Change will support the development of the campaign and the tools for local programming. C-Change will also work with ABMP to determine how to monitor the reach of the campaign beyond the placement of PSAs.

Strategy development phase: identify priority reproductive health issues that will provide the issues for a pan-African media campaign: ABMP will undertake formative research to identify the campaign focus and main messages. ABMP will examine existing programs in Africa that integrate family planning and HIV prevention to determine what formats, approaches, and messages were used by these programs. ABMP will conduct concept and pretesting of campaign messages to help prioritize and refine the messages.

Design and development of media campaign: ABMP will develop, pretest, and produce radio and television messages that will be used by all ABMP members based on findings from the formative phase. In addition, ABMP will produce programming guides and electronic bulletins for its members for localized programming.

Distribution and monitoring: The campaign will be launched in November 2011. Prior to the launch, C-Change will work with ABMP to design a monitoring plan for the campaign that will allow ABMP to evaluate how the program is used and expanded in one or two countries. ABMP members are required to dedicate 5% of their programming time to the ABMP campaign. However, little is known about what form this programming takes. C-Change and ABMP will design a methodology to collect this information from the broadcasters and to analyze the results.

ORGANIZATIONS INVOLVED

C-Change, ABMP, Kaiser Family Foundation

OUTPUT INDICATORS

- Formative research completed and report of findings issued
- Training guides developed and distributed
- Radio and television campaign distributed to network media companies

OUTCOME INDICATORS

- Number of stations using the ABMP campaign
- Number of stations producing their own programming on campaign subject

	2011						2012					
Activities	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Conduct pretest												
Prepare final scripts												
Produce radio and print campaign												
Develop materials for broadcasters on campaign and programming ideas												

	2011						2012					
Activities	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Conduct capacity-strengthening workshop with ABMP on programming												
Distribute messages												
Monitor placement												
Begin evaluate acceptance of campaigning												

(Priority Areas: FP/HIV; Y)

SBCC INFORMATION DISSEMINATION

Purpose

To gather, share, and advance knowledge relevant to C-Change issues, focusing on SBCC in the priority subject areas (HIV prevention, family planning/reproductive [FP/RH], malaria prevention and control, and cross-cutting gender issues).

Background

Activities begun in previous years (website, e-publications, C-Hub) were refined and enhanced in Year 4 to increase reach (push and pull) and usefulness (for audiences and subscribers).

C-Hub (www.c-hubonline.org), an on-line resource of communication materials for development continued to grow as a result of targeted outreach and promotion. Steady growth was seen in the numbers of site visitors. Uploading of materials to C-Hub remains challenging, and requires the C-Hub manager to actively seek and work with users to create new records. The PMI repository was merged into C-Hub.

The project web site (www.c-changeproject.org) home page and menu structure was redesigned to further the promotion and outreach components of the knowledge management work plan and branding strategy. The branding process included aligning C-Change with its tagline “innovative approaches to social and behavior change communication (SBCC),” and sub-branding (C-Modules, *C-Channel*, *C-Capacity*, etc.). Sub-branding aligns our tools and training materials with C-Change and provides recognition of our products and C-Change’s work. The redesign encompassed a new home page with a slideshow generator that links eye-catching images of project activities with links to descriptions of C-Change implementation, operations research, and capacity-strengthening activities. The web site was continuously updated with news, tools, reports, and information about project activities. The redesigned monthly e-newsletter *C-Channel* continued to provide peer-reviewed journal articles free of charge to audiences in developing countries and focused each month on SBCC topics within C-Change’s technical areas. The bimonthly *C-Picks* e-magazine (disseminated by CI) was redesigned from plaintext to an HTML version, which enhances the user experience with visual cues that provide

quick access to particular SBCC-related knowledge summaries. Subscriptions to both e-publications increased steadily.

ACTIVITY SUMMARY

In Year 5, SBCC information-dissemination activities will continue to highlight and communicate the project's implementation, capacity-strengthening, and research activities, and will capture and share knowledge generated by country programs. Social media tools such as Facebook and Twitter (fully integrated into the web site and *C-Hub* in Year 4) will continue to be fully exploited to further highlight and promote C-Change tools, materials, and activities. The electronic dissemination tools at the disposal of C-Change (web site, *C-Picks*, *C-Capacity*, *C-Channel*, *Drum Beat*, and *Soul Beat*) will continue to be used to disseminate information about the activities, publications, and accomplishments of the project.

The KM team will continue to assist with the development and dissemination of reports on country implementation and capacity strengthening, evaluations, research reports, and success stories, and continue to use YouTube to display selected audio and video materials. KM will support capacity strengthening by documenting lessons learned, describing trainings and other relevant activities, and disseminating tools and guides via the web site and through our electronic publications. *C-Hub* will be developed and refined based on the results of usability testing conducted in Year 4. More interactive features will be implemented, and promotion and outreach activities will continue.

Key Year 5 Activities Include:

C-Hub: Based on usability testing conducted in Year 4, the recommendation is made to migrate C-Hub data to a more user-friendly technology platform that would improve the user experience, greatly facilitate the user upload process, and provide for the sustainability important to the C-Change legacy. This activity would move forward in partnership with AED/Satellife and a vendor/consultant. A malaria community of practice will be developed around the PMI repository, and *C-Hub* will promote the integrated PMI repository. *C-Hub* will continue outreach and promotion activities through presentations, exhibitions, conferences, and social media. The partnership with AED/Satellife as a technical partner will continue. C-Change KM will continue to partner with AIDSTAR-One/JSI to promote the male circumcision tools developed by USAID partners in southern and eastern Africa.

C-Channel, the e-newsletter of relevant information from peer-reviewed journals:

C-Channel is a monthly e-newsletter with abstracts of peer-reviewed articles and links to the full text articles, most of which are free of charge to developing country recipients. During Year 5, C-Change will continue to identify abstracts on SBCC topics across the technical areas of HIV prevention, family planning, reproductive health, malaria prevention and control, and gender issues. Quarterly meetings with AIDSTAR-One are ensuring that highlighted HIV prevention materials are complementary and not duplicative.

C-Picks e-magazine and the C-Picks theme page within the CI web site: During Year 5, C-Change will maintain activities with the Communication Initiative (CI), which has a large, established web-based audience, particularly in the developing world. Activities include 1) identification of 'grey literature' around SBCC topics (including advocacy, social mobilization, and behavior change) across HIV prevention, family planning/reproductive health, and gender issues for development into knowledge summaries; 2) email dissemination of selected knowledge summaries through the bimonthly e-magazine *C-Picks*; 3) a CI *C-Picks* web page with a *C-Picks* "Focus On" feature to showcase a C-Change product or tool; and 4) bimonthly C-Change activity summaries in CI's *Drum Beat*.

In Year 5, *C-Picks* will continue in the HTML format (upgrade from the plaintext version occurred in early Year 4), which has enhanced usability and visual searching. The SBCC content of *C-Picks* continues to reflect the priorities of the C-Change project, and the publication also serves as a mechanism to highlight and disseminate C-Change tools, campaign and media materials, training modules, implementation guides, capacity strengthening, and operations research activities.

Program web site: As the source for information about the project's publications, and implementation, operations research, and capacity-strengthening activities, the web site (www.c-changeproject.org) is the singular place for the many C-Change pieces that may also reside on other websites. This includes the *C-Channel* e-newsletter and the C-Hub database (both hosted by AED-SATELLIFE) and links to the *C-Picks* page and e-magazine archive (both on the CI web site). In Year 5, social media tools will be more substantially incorporated to generate traffic to and buzz about C-Change successes and accomplishments. Implementation, capacity-strengthening, and operations research activities/lessons learned are also disseminated through existing electronic channels and listservs (e.g., CORE group, HIPNET, and AfriComNet).

Packaging and dissemination of tools and documents: Tools/documents produced under core and country funding described elsewhere in this work plan will be: packaged and uploaded to the project web site; announced through the C-Change e-publications and other available electronic venues and listservs (*C-Channel*, *C-Picks*, *Drum Beat*, *C-Picks Focus On*); and uploaded to C-Hub and the USAID DEC.

Support to development of peer-reviewed journal articles: The KM team will support the submission of articles to peer-reviewed journals (researching relevant journals for articles written by staff, compiling their editorial directives, providing editing in line with these directives, and corresponding with journal editors).

End-of-project report and activities: A final project report summarizing the results, lessons learned, and best practices of the C-Change project will be coordinated by the KM team in cooperation with country-based and headquarters staff. Activities that need to be initiated now and budgeted include gathering print-quality photos and success stories from the field.

A one-day end-of-project event will be held in Washington, D.C. (for USAID and CAs) to highlight: SBCC capacity-strengthening accomplishments that have built sustainability and the skills of government and NGO staff in developing countries; country implementation activities that contributed to improved HIV prevention, FP/RH and gender equality indicators; and operations research that has strengthened the SBCC knowledge base and is incorporated into implementation and capacity-strengthening activities. Tools, guides, reports, videos, and other products developed under the C-Change program will be made available for this event in CD format with limited hard copies.

In summary, Year 5 activities will accomplish:

- Usability and functionality of C-Hub improved by transferring to a sustainable platform. C-Hub outreach and promotion proceed to facilitate downloading of documents.
- Eleven issues of *C-Channel* e-newsletter around SBCC issues developed and disseminated
- Support continued to CI for development of knowledge summaries (eight monthly), development and dissemination of the bi-monthly *C-Picks* e-magazines, and maintenance of the *C-Picks* web page (to include promotion of C-Change tools, products, and reports)
- C-Change web site continually updated, and C-Change outreach materials updated as needed and disseminated

- C-Change materials and products (tools, including low-literacy; technical and program briefs; success stories; case studies; fact sheets; research reports) produced as result of the implementation, research, and capacity-strengthening activities are disseminated and available for download from the web site
- Substantial resources provided to the editing of documents and design and development of such documents for dissemination and upload to the web site as activities move toward closedown
- Coordination of end-of-project report and activities

ORGANIZATIONS INVOLVED

- AED, AED/Satellite, Communication Initiative

OUTPUT INDICATORS

- New subscribers from developing countries to *C-Channel* and *C-Picks* identified on monthly basis
- Themes related to C-Change priorities identified monthly to guide *C-Channel* selections
- Eight knowledge summaries approved monthly for the *C-Picks* web site
- Themes related to C-Change priorities identified bimonthly to guide *C-Picks* selections
- News items, C-Change implementation and research activities are written and uploaded to project web site within one week of information received and/or event taking place
- 40 new records are submitted to C-Hub and approved
- Minimum of 50 downloads per month of C-Change tools, briefs, and reports from C-Change website
- Minimum of 50 “click-throughs” per month from the CI’s *C-Picks* webpage to C-Change web site (any page)
- A minimum of 30 downloads per issue of peer-reviewed articles by C-Channel-developing world subscribers

	2011						2012					
Activities	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Sustainable platform, to ensure C-Hub legacy, is developed and launched												
Materials/media uploaded to C-Hub on regular basis												
Website continually updated to showcase SBCC & C-Change activities												
Knowledge summaries developed; bi-monthly C- Picks developed, disseminated & tracked; C-Picks web page												

	2011						2012					
Activities	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
updated monthly												
C-Channel e-newsletters developed and disseminated												
C-Change products, tools, reports developed and disseminated												
End of project activities												

REGIONAL SBCC CAPACITY STRENGTHENING WITH SAT

Purpose

C-Change is collaborating with the Southern African AIDS Trust (SAT) to train and implement SBCC into the SAT network in five countries through a series of on-going trainings and mentoring.

BACKGROUND

Capacity strengthening to improve social and behavior change communication (SBCC) is a key component of the C-Change Project. The Southern African AIDS Trust (SAT), a regional funding and capacity development organization for roughly 135 community-based organizations (CBOs), national advocacy organizations, and networking agencies across six countries in southern Africa, has requested SBCC capacity strengthening for their partners. SAT is a promising partner for a SBCC capacity-strengthening program, at scale, as it not only manages an elaborate system of partnerships that involves grant-making, networking, skills exchange, and lesson-sharing throughout the region, but also applies these strategies from the national level down to the grassroots in many countries.

During Years 2 and 3 in Collaboration with SAT C-Change:

- Conducted a consultation and evaluation visit with SAT and potential SBCC training participants selected from SAT's country partner networks.
- Developed a training strategy within SAT's existing model and structures, applying lessons learned from the region. C-Change developed a series of trainings that build upon each other to prepare the selected SAT participants to cascade SBCC skills within their country networks.
- Conducted evaluations using the SBCC Capacity Evaluation Tool (SBCC-CAT) to determine the SBCC competency level of the SAT country offices and their partners. Results were used to adjust and tailor the C-Change SBCC Training Modules to the identified capacities and needs.
- Carried out a series of three trainings:
 - Five-day training in Visualization in Participatory Practice (VIPPP)
 - Ten-day training on the C-Modules (Modules 0-4)
 - Five-day training on C-Module Five on Monitoring and Evaluation (M&E)
- Worked with the same group of participants and developed a system of assignments following each training to allow participants to apply their learning. C-Change provided

technical assistance by commenting and providing guidance on the assignments submitted by the SAT participants.

ACTIVITY SUMMARY

During Year 4, C-Change and SAT will finalize some activities from Year 3 and work to refine the skills of the SAT participants to prepare for cascading SBCC into the SAT country networks. Detailed activities will include:

- Develop and implement a mentoring framework that provides SAT, country offices, and networks to support interaction and communication between SAT participants: C-Change planned on developing a mentoring system with the SAT partners in Year 3 that involved site visits to each country several times. However, after working with SAT and completing the training on the C-Modules it was decided that the mentoring visits and TA would be most beneficial to the partners when they were preparing to cascade the trainings, which – due to SAT’s own work plan schedule – are now planned for Year 4 instead of Year 3. Based on this and other implementation lessons learned, SAT and C-Change have developed the following mentoring framework for Year 4:
- The mentoring framework will consist of a peer-to-peer mentoring/shadowing network and a social networking website.
 - The peer-to-peer mentoring/shadowing network will provide SAT participants with a support mechanism for the cascading trainings and implementation of SBCC into the country networks. Each master trainer will be able to solicit assistance in training and/or technical assistance from another master trainer.
 - The Community of Practice established will be a social networking website will be developed by C-Change and SAT. It will provide a space for all SAT participants to communicate, share information and experiences, provide comments and support on the C-Modules assignments, and allow C-Change to provide targeted and frequent TA through webinars and/or hosting conversations. At the end of this activity, SAT will continue to host and support this mentoring framework as they institutionalize SBCC within their network.
- Continue training with the SAT participants to refine their knowledge of SBCC in preparation of cascading the C-Modules within the SAT country networks. A data analysis training, refresher training, and a training of trainers (TOT) training will be facilitated by C-Change.
- Provide country-specific technical assistance to address gaps and needs identified at the refresher training in preparation of the training of trainers. C-Change will evaluate and discuss with each country gaps and needs for country specific TA at the refresher training. This TA will concentrate on ensuring the understanding of SBCC is adequate so the SAT participants are able to cascade the trainings while ensuring quality.
- Hold another round of evaluations with each of the countries to measure progress over the past two years

To assist with institutionalizing SBCC in SAT and ensuring that SAT offices have the capacity to support SBCC among their partners, a series of activities will be held with the SAT Regional Office and potentially with SAT Country Offices. Detailed activities include:

- Train key personnel in SAT Regional Offices and Country Offices in SBCC through the on-line courses. This will allow SAT to become a hub station in the region for SBCC, which could provide the opportunity for continued capacity strengthening beyond the SAT network.

- Explore opportunities for collaboration with the University of Witwatersrand's SBCC courses and SAT for continuing SBCC capacity strengthening in the region. University students in the SBCC courses and SAT practitioners will be connected through the Capacity Strengthening Community of Practice to encourage dialogue and sharing of lessons learned and best practices.

ORGANIZATIONS INVOLVED

SAT, AED, Ohio University, University of Witwatersrand

OUTPUT INDICATORS

- Finalization and implementation of mentoring framework
- Establishment of on-line Community of Practice for Participants
- Regional data analysis training
- Regional refresher training
- Regional TOT training
- Mentoring and TA visits to SAT country participants
- Evaluations in six countries
- 75% of participants completing assignments from training sessions
- Number of SBCC programs planned, implemented and/or evaluated by SAT and/or partners with the support of C-Change
- 20 SAT country offices and network partners engaging in SBCC capacity-strengthening activities

OUTCOME INDICATORS

- 20 SAT country offices and network partners demonstrating enhanced capacity in one or more competency areas
- 75% of participants trained who exhibit increased SBCC skills and competencies
- Percent of trained organizations using SBCC tools

	2010			2011								
Activities	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Finalize mentoring framework and components												
Finalize master trainer list												
Launch Community of Practice for SAT participants												
Data analysis workshop												
Refresher workshop												
Training of trainers workshop												
Evaluations completed												
Mentoring visits conducted												
Targeted TA from C-Change through Community of Practice												
Online training for SAT regional and country offices												
Collaborate with SBCC program at Wits												

For more information, please visit
<http://resources.ghitechproject.net>

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